

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155512		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 05/10/2011	
NAME OF PROVIDER OR SUPPLIER  PROVENA SACRED HEART HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 515 N MAIN ST AVILLA, IN46710			
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K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 05/10/11</p> <p>Facility Number: 000404 Provider Number: 155512 AIM Number: 100290810</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Provena Sacred Heart Home was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety Code from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies, Life Safety Code (LSC), Chapter 18, New Health Care Occupancies in the H wing and 410 IAC 16.2.</p> <p>This one story facility with a</p>			K0000	<p>Submission of the plan of correction and credible allegation of compliance does not constitute an admission by the certified and licensed provider at Provena Sacred Heart Home that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and services at this health care facility. Provena Sacred Heart Home, as a licensed and certified provider, recognizes its obligation to provide legally and medically required care and services to our residents in an economic and efficient fashion. Please accept this plan of correction as our written credible allegation of compliance.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/03/2011

FORM APPROVED

OMB NO. 0938-0391

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	<p>partial basement was determined to be of Type II (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and resident rooms. The facility has a capacity of 133 and had a census of 111 at the time of this survey.</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 05/17/11.</p> <p>This facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K0017 SS=E	<p>Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 reception offices was separated from the corridors by a partition capable of resisting the passage of smoke as required in a sprinklered building, or met an Exception. LSC 19–3.6.1, Exception # 6, Spaces other than patient sleeping rooms, treatment rooms, and hazardous areas may be open to the corridor and unlimited in area provided: (a) The space and corridors which the space opens onto in the same smoke compartment are protected by an electrically supervised automatic smoke detection system, and (b) Each space is protected by an automatic sprinklers, and (c) The space is</p>			K0017	<p>An electrically supervised automatic smoke detector is installed in the reception office. All other office areas were checked to ensure automatic smoke detectors in place. Property Manager responsible and will monitor.</p>		05/25/2011

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	<p>arranged not to obstruct access to required exits. This deficient practice could affect all residents and staff in the reception area and evacuated through the main entrance.</p> <p>Findings include:</p> <p>Based on an observation with the Property Manager on 05/10/11 at 10:50 a.m., an accordion style door was used to close off the reception office at night. Furthermore, Exception # 6, requirement (a) of the LSC Section 19-3.6.1 was not met because the reception office was not protected by an electrically supervised automatic smoke detection system. This was acknowledged by the Maintenance Director at the time of observation.</p> <p>3.1-19(b)</p>						
K0044 SS=E	Horizontal exits, if used, are in accordance with 7.2.4. 19.2.2.5						

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	<p>Based on observation and interview, the facility failed to ensure 8 of 10 fire barrier walls continued from roof decking to ground. Section 7.2.4.3.1 stated fire barriers separating building areas between which there are horizontal exits shall have a 2-hour fire resistance rating and shall provide a separation that is continuous to ground. This deficient practice could affect eight of ten smoke compartments.</p> <p>Findings include:</p> <p>Based on observations with the Property Manager on 05/10/11 from 1:35 p.m. to 1:47 p.m., with the exception of the fire barrier wall at convent and the new H wing, the gap where the drywall of the two hour fire barrier wall meets the corrugated roof decking was stuffed with fiberglass insulation. Based on review of the building's original construction plans and interview with the Property Manager at 2:00 p.m., these walls were identified as two hour fire barrier walls.</p> <p>3.1-19(b)</p>			K0044	<p>Fire Barriers LLC will will install a fire stop joint system where the drywall fire barrier meets the corrugated roof decking at the top of 8 of 10 fire barrier walls. Property Manager is responsible and will monitor.</p>		06/09/2011

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K0051 SS=D	<p>A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 smoke detectors in resident room B12 on St. Paul was not installed where air flow would adversely affect their operation. Section 9.6.1.4 requires fire alarm systems comply with NFPA 72, National Fire Alarm Code. NFPA 72, 2-3.5.1 requires in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. This deficient practice could affect 1 of 34</p>			K0051	<p>The smoke detector in resident room B12 on the St. Paul Neighborhood was moved to be greater than 3 feet from a supply air duct. All other residents rooms were checked to ensure smoke detectors were greater than 3 feet from a supply air duct. The Property Manager is responsible and will monitor.</p>		05/25/2011

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K0056 SS=E	<p>residents on St. Paul in the event of an emergency.</p> <p>Findings include:</p> <p>Based on an observation with the Property Manager on 05/10/11 at 1:20 p.m., the smoke detector in resident room B12 on St. Paul was located within three feet of a supply air duct. This was acknowledged by the Property Manager at the time of observation.</p> <p>3.1-19(b)</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>1. Based on observation and interview, the facility failed to ensure that a complete automatic sprinkler system was provided for</p>			K0056	<p>1. Automatic sprinkler system will be installed in accordance with NFPA 13-1999 Edition, Section 5-13.8.1 under exterior roof overhangs that exceed 4 feet in</p>		06/30/2011

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	<p>2 of 2 building overhangs in accordance with NFPA 13, Standard for Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. NFPA 13-1999 Edition, Section 5-13.8.1 requires sprinklers shall be installed under exterior roofs or canopies exceeding 4 feet in width. This deficient practice could affect all residents evacuated through the St. Francis dining room exit and the service area dock exit in the event of an emergency.</p> <p>Findings include:</p> <p>Based on observations with the Property Manager on 05/10/11 from 12:10 p.m. to 2:45 p.m., the overhangs were covered with plywood at the St. Francis dining room exit and the dock area exit. The St. Francis exit overhang measured ninety two by eighty four inches and the dock exit overhang was "L" shaped and measured seven feet at the short end and eleven feet six inches at the long end. Measurements were provided by the Property Manager at the time of</p>			<p>width. Further inspection of the building found 4 additional areas where exterior roof overhang exceeded four feet, automatic sprinkler system will be installed in those areas also. Property Manager is responsible and will monitor.2. Sprinkler heads will be moved in resident room 12 on St. Anthony ensuring correct distance and coverage of room. Property Manager is responsible and will monitor.Due to the work involved we are requesting an extension to the date of completion for this automatic sprinkler work.</p> <p>5-11-2011 telephone calls made to solicit vendor quotes5-12 to 5-17-2011 vendors in building to inspect building sprinkler system and make recommendations for corrections5-18-2011 vendor Shambaugh &amp; Son selected to do work5-19-2011 quote received from Shambaugh &amp; Son scan #329 &amp; 300 attached5-20-2011 Shambaugh &amp; Son vendor quote forwarded to Provena Corporate for review and approval5-26-2011 received Provena Corporate approval of Shambaugh &amp; Son Quote attached document 201105260905598725-26-2011 forwarded Provena approved contract to Shambaugh &amp; Son5-26-2011 received statement; Shambaugh and Son fire Protection will complete the work by June 30, 2011, see attached scan # 332. We are</p>			



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	<p>observation.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 2 of 3 sprinkler heads in resident room 12 on St. Anthony were separated by at least six feet as required by NFPA 13. NFPA 13, Section 5-6.3.4 requires sprinklers be located no closer than six feet measured on center. This deficient practice could affect one resident in St. Anthony in the event of an emergency.</p> <p>Findings include:</p> <p>Based on an observation with the Property Manager on 05/10/11 at 12:50 p.m., resident room 12 on St. Anthony had two sprinkler heads above the resident's bed that were located sixty seven inches apart. Measurements were provided by the Property Manager at the time of observation.</p> <p>3.1-19(b)</p>				<p>requesting 6-30-11 to be the date this deficiency will be corrected</p>		